

Patient-Centered Medical Home Advisory Council  
Meeting Minutes  
March 6, 2013

Office of the Commissioner of Securities and Insurance (CSI) Conference Room, Helena, and by phone

**Members present**

**Bob Marsalli for Paula Block**, Montana Primary Care Association  
**Dr. Doug Carr**, Billings Clinic  
**Carla Cobb**, Riverstone Health Clinical Pharmacist  
**Dr. Paul Cook**, Rocky Mountain Health Network  
**Dr. Janice Gomersall**, Montana Academy of Family Physicians  
**Alan Hall**, Allegiance Life and Health Company  
**John Hoffland**, DPHHS Medicaid, Passport to Health  
**Carol Kelley**, MT Medical Management Association  
**Todd Lovshin**, PacificSource Health Plans  
**Cindra Stahl for Kristin Juliar**, Montana Office of Rural Health  
**Dr. Fred Olson**, BCBS MT  
**JP Pujol**, New West Health Services  
**Dr. Tom Roberts**, Western Montana Clinic  
**Bernadette Roy**, CHC-Partnership Health Center  
**Hannah Pulaski for Dr. Joe Sofianek**, Bozeman Deaconess Health Group  
**Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital  
**Claudia Stephens**, Montana Migrant and Seasonal Farm Worker Council  
**Lisa Wilson**, Parents, Let's Unite for Kids-PLUK

**Members absent**

**Dr. Deborah Agnew**, Billings Clinic  
**Dr. Jonathan Griffin**, St. Peter's Medical Group  
**Jessica Hoff**, Butte Community Health Center CEO  
**Dr. Jay Larson**, Independent Provider  
**Kirsten Mailloux**, EBMS  
**Terry Olinger**, Benefis Health System Chief System Services & Interim President, BMG  
**Bob Olson**, MHA  
**Cindy Stergar**, Health Policy Advisory to Governor Bullock

**Interested parties present**

Kelly Gallipeau, Kalispell Regional Hospital  
Mary Noel, Medicaid  
Jean Branscum, MMA

**CSI staff present**

Adam Schafer  
Lucas Hamilton  
Christina Goe  
Amanda Roccabruna Eby- Minutes recorder

### Welcome, announcements, roll call, agenda review, and approval of minutes

CSI staff took roll of the council members. The council did not approve the January minutes at the March meeting. The January minutes were approved on April 3<sup>rd</sup>, 2013 via email. Dr. Carr moved and Lisa Wilson seconded a motion to approve the January minutes via email. The motion passed unanimously. Dr. Carr summarized everything that has happened with the PCMH bill since the January meeting. He gave a brief introduction to the amendments that had been made and explained the process that led up to them. Dr. Carr described the PCMH bill's first hearing in the Senate and thanked all those who came and testified for the bill or contacted legislators and thanked everyone for all their hard work that made it a successful hearing.

### Update on the PCMH bill from CSI staff, Deputy Commissioner Adam Schafer

Adam Schafer further elaborated on the process the PCMH bill has gone through and why the amendments had been made. General Counsel Christina Goe led the council through a section-by-section summary of the latest version of the bill, explaining all the amendments and differences from the original bill in greater detail.

Section 1 – No changes were made.

Section 2 – This section formerly established the commission. The bill could not have made it out of committee unless the commission was taken out. Legislators viewed the commission as an unnecessary extra layer of government. All of the commission's duties were transferred to the commissioner. Now the section is on "establishing the state action immunity doctrine." This section was added by legislative services for added anti-trust protection. The state action immunity doctrine protects payers and providers who participate in the PCMH program from state and federal anti-trust litigation and is a judicial test. The components of that test must be met to achieve immunity. The components of the test are the determination that the activity is in the public interest and ongoing government oversight of the activity. This section further establishes the legislature's intent to provide this immunity.

Section 3 – This section clarifies that Medicaid is not a health plan and providers further clarification on the participation of health plans. There is an added definition for preventative services that was requested by the Department of Health and Human Services (DPHHS). The reference to Federally Qualified Health Center (FQHC) was removed because of possible negative implications associated with a reference to a federal statute.

Section 4 – This section previously outlined the board of directors of the commission. The duties that were assigned to the commission were removed and some of those duties were re-assigned to the commissioner. The commissioner can designate approved national accrediting organizations and Montana standards for qualifying patient-centered medical homes. This section does not specifically mention organizations to allow flexibility in the law. The subsection was modeled after the quality assurance law administered by DPHHS.

Subsection 8, Page 8 – CSI staff hopes to amend this section to add "and payers" after "health care providers," and also clarify that it will be one broad study in one report. Sen. Kaufmann may be able propose this amendment on the Senate floor to get it changed before it is transmitted to the House.

Subsequent sections provide further clarification on the optional participation of state and local government plans.

Section 11 – This section provides rulemaking authority for DPHHS to set different payment standards but they must only use PCMH providers that have been qualified by the commissioner. They must also use the standards adopted by the commissioner, except for those relating to payment methods, unless those standards conflict with federal Medicaid standards.

Section 14 – The act terminates on December 31, 2017. The 2017 legislature will have to decide whether or not to continue the program.

CSI staff doesn't perceive any issues with getting the bill out of the Senate now that it has passed out of committee.

#### Council discussion of the PCMH bill

Dr. Carr asked for the council's support for the amended bill moving forward. There were a few questions about issues with removing the FQHC wording; Christina explained it wouldn't change their qualification as a PCMH or participation in the program. Council members also asked about the difference between the "stakeholder council" or "interested parties" described in the bill that the Commissioner must consult with in carrying out all the duties in sections 1-5 of the bill. Christina explained that she called it a "stakeholder council" instead of "advisory council" so that it wouldn't be subject to the requirements of Title 2, such as dissolves after two years. The "stakeholder council" in the new bill would function largely in a similar manner the current advisory council functions now in making recommendations to the commissioner on a Montana PCMH program. The defined "interested parties" make up the membership of the stakeholder council.

#### Kris Juliar of AHEC provides report on NASHP National IMPaCT meeting

Kris Juliar described the meeting she recently attended in Oklahoma as part of the council's NASHP Practice Transformation Learning Community Technical Assistance Grant. The meeting brought together representatives from states all over the country to share their ideas, experiences, strategies, advice, and questions on practice transformation, developing primary care extension, and building PCMH programs. North Carolina uses an elaborate care management network set up by the AHEC office. Idaho and New Mexico use a more a more specific community focused approach. Maryland is more focused on extension programs for primary care development such as infrastructure built off the agriculture industry. Kris thinks Montana efforts will have to be developed by a collaboration of entities rather than solely the AHEC or hospital association for example.

Participating IMPaCT states are collaborating on a formal request to CMS to fund practice transformation infrastructures and care management models. Oklahoma and New Mexico will create the request to CMS and share it with the other IMPaCT states to sign.

#### Report on new NASHP Learning Collaborative: Building Primary Care Infrastructure through Multi-Payer Medical Home Pilots

Amanda reported that as a result of the application CSI submitted to NASHP on behalf of the council in October 2012, Montana was accepted into the latest NASHP learning collaborative. The collaborative will provide technical assistance to Montana, Nebraska, Pennsylvania, and West Virginia in implementing a multi-payer, patient-centered medical home program. The program will provide Montana with direct assistance from federal officials, NASHP staff, and state mentors. Montana's representatives, Dr. Joseph Sofianek, Mary Noel, Amanda Eby, and possibly Dr. Tom Roberts will attend a kick-off meeting for the grant in Denver, April 3-5. Montana representatives will meet with NASHP staff and their counterparts from the other states at the meeting. Amanda encouraged council members to send her any questions or requests for information/assistance that she could take to the meeting to ask of NASHP and the other states staff.

Lisa Wilson of PLUK provides update on Medical Home Portal for Montana

Lisa is serving on a state-wide committee implementing a D70 State Implementation Grant for Children and Youth with Special Healthcare Needs. The committee is coordinating with Cindy Leenknecht of St. Vincent's Hospital who is working with staff in Utah to create a medical home portal for Montana. The medical home portal is a great online resource that Utah and Idaho use for patients and providers to access information. The grant funds a .25FTE to work on data input/coordination as well as maintenance and upkeep of the portal. Utah staff is willing to help Montana in development of the portal. <http://www.medicalhomeportal.org/>

PLUK hosted and facilitated a joint training with Wyoming Department of Health that was funded through the Mountain States Genetics Regional Collaborative March 13-15 in Missoula. On March 26-28th we had a Technical Assistance trip to Providence, RI to learn about their pediatric medical home model which was funded by a grant from AMCHP (Association of Maternal and Child Health Programs)

Public Comment, Questions

None was offered.

Assignments, Upcoming Meeting Schedule, Adjourn

The next meeting will be announced via email.

Meeting Adjourned at 2:18pm